



Unit of Narayana Health

Bommasandra, Bangalore, Karnataka

APPLICATION FOR
FELLOWSHIP
IN
PEDIATRIC STEM CELL TRANSPLANTATION

Narayana Health City # 258 /A, Bommasandra Industrial Area, Anekal Taluk, Bangalore - 560 099, India
Ph: 080-27836966; Fax: 080-27835222

1). Name (in block letters as entered in qualifying examination)

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2). Name of the father / guardian / husband

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3). Date of Birth

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4). Sex

M	F
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5). Nationality

6). State of Domicile

7) Name of the course:

8). Details of examination appeared / passed

Examination	Name of the school / college & place	Board / University	Subject of examination	Years of passing	% of marks
MBBS			Not applicable		
DCH					
MD / DNB (Pediatrics)					
FNB / DM / DNB					
Any other					

8). Current position / appointment / institution:

If you are employed/ studying some other course, a letter of 'no-objection' from the employer/institution must be produced at the time of interview.

9). Experience if any, in specialty applied for: NO / YES;
If YES, a brief description here:

10). Thesis / publication if any NO/ YES
If YES, details:

11). Brief outline of work experience after MBBS.

12). Address for communication (capital letters)

Telephone & cell. no & e-mail id (capital letters)

Declaration

I hereby declare that the particulars given in this application form are correct. In the event, any information furnished by me is found to be false or incorrect before or after the test / interview, the authority conducting the test/ interview can cancel my candidature, selection or admission as the case may be.

Signature of the candidate

Place:

Date:

Please read the following instructions before filling up this form:

- Use ball point pen to write in boxes using English capital letters or numeral
- Do not make any stray marks on this sheet.
- Paste the photograph (recent passport size) within the box given. Do not staple the photograph
- Incomplete applications will not be accepted
- Application cost will not be refundable at any point

Name of fellowship	Eligibility	Duration	No of seats
Fellowship in Pediatric Stem Cell Transplantation	DM (Hematology , Pediatric Hematology, Medical Oncology) / FNB – Pediatric Hematology MD / DNB- Pediatrics with at least 1 year experience	1 Year	2

Please submit the completed application form by hand, registered / speed post or courier on or before 31st March 2019 with DD of Rs: 1,000/- drawn in favor of [Narayana Hrudayalaya Ltd](#) payable at [Bangalore](#) to the undersigned:

Mahadevan S
Senior Manager Administration (Academic)
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Anekal Taluk, Bangalore – 560 099, India
Cell+ 9900591136